## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SALIBA CHARLESTOWN RD, LLC DBA MCDONALD'							Telephone Number	Date of Inspection	ID#	
Address 2621 CHARLESTOWN ROAD, NEW ALBANY IN 47150						Est 812/944-2970 Own 502-265-6232		08/31/2020		
Owner GEORGE SALIBA							Purpose X Routine	Follow Up 09/07/2020	<b>Released</b> 08/31/2020	
Owner's Address PO BOX 379 LAGRANGE, KY 40031-							Follow-up Complaint	•		
Person in Charge KRISTINA LEE						Pre-Operational	Menu Type 1 2 3 <u>X</u> 4 5			
Responsible Person's Email ANDREA@SALIBA,CD.COM									TemporaryHACCP	
Certified Food Handler KRISTINA LEE							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	C NC R Narrative To Be Corrected									
415 449 245 297 310 389 416 431 217	X	X X X X X X		Observed flies throughout dining room.  Observed unapproved "snap-trap" under lobby soda.  Observed wiping rags outside of sanitizer and make station and drive-thru.  Observed bulk ice bin to be moldy.  Observed ceiling vents in restrooms and over driv-thru to be dusty.  Observed lobby trash can to be missing/misplaced and trash filling cabinet.  Observed dead flies throughout lobby.  Observed green wire rack in walk-in to be moldy.  Observed several plastic bins past usability.  To Be Corrected  DISCARDED  OBSCARDED  OCRECTED  CORRECTED  CORRECTED  ODSERCTED  ODSER						
Summary of Violations C 2 NC 7 R 0										
Received by (name and title printed): KRISTINA LEE							Inspected by (name and title printed):  A.J. Ingram CHIEF FOOD SECIALIST			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		